

# Yacht and Motor Boat

## PROPOSAL FORM



YOUR WORLD | OUR COVER

Citadel Insurance p.l.c. is a company authorised to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.

You (as the proposer) are to disclose all material facts. If you are in doubt about a particular fact you should disclose it. A material fact is any fact which is likely to influence the assessment and acceptance of your proposal.

## THE PROPOSER

Name and Surname:

Client account no:

Company name:

Company registration no:

VAT no:

Address:

Telephone no:

Mobile no:

E-mail:

Date of birth: DD / MM / YY

Place of birth:

ID / Passport no:

Nationality:

Occupation:

## QUALIFICATIONS & EXPERIENCE

Formal qualifications:

Date obtained:

|       |       |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

Please attach copy of qualifications, such as the nautical licence.

Sea-going experience in relation to this boat:

---

---

Other sailing experience:

---

---

Number of years owning a boat:

## BOAT MASTER (Please note that cover will solely operate in respect of the designated masters stated hereunder)

Will you be the sole master of the boat?

Yes

No

If your answer is no, please give details of additional designated masters (name, age, sea-going experience and related qualifications):

---

---

---

---

---

---

---

---

## THE BOAT

Name of boat and/or registration no.:

Type/Class of boat \* :

\* If the type/class of boat is a speedboat, please provide a satisfactory photograph.

Year built (indicate if converted):

Material of Hull (if wood, state method of construction):

Overall length (metres):

Beam (metres):

Draft (metres):

Maximum designed speed \*\* :

\*\* Is the boat designed to perform at excessive speed (such as a power boat)?

Yes  No

By whom was the boat built (if custom built, state builders):

Has a third party any interest in the boat?

Yes  No

If yes, is such interest to be noted in the policy?

Yes  No

If yes, please give details:

Is the boat registered in Malta? If no, please state port of registry:

Yes  No

Was the boat modified in any way? If yes, provide details:

Yes  No

In commission from (both days inclusive): From DD / MM to DD / MM

Where will the boat be moored / stored when in commission?

If not in a marina, give precise details of location and type of moorings used \*\*\* :

\*\*\* For boats over 10.5 metres in length which are moored in a location other than a designated marina, the primary mooring must be an appropriately sized chain run from the mooring ring on the sea-bed and through/over the bow fitting or fairlead of the boat so as to eliminate the possibility of chafe. For boats between 10.5 metres and 4.5 metres in length, a chain is still preferred, but a minimum of 3 mooring ropes will be required which must be regularly checked for any signs of deterioration. For boats under 4.5 metres in length, a minimum of 2 mooring ropes will be required.

Where will the boat be laid up?

## GENERAL INFORMATION

To the best of your knowledge and belief, do you carry and maintain the correct fire extinguishers for your boat?

Yes  No

If equipped with Inboard Engine/s, is there a fire extinguishing system automatically operated or an activation control at the steering position of your boat?

Yes  No

To the best of your knowledge and belief, do you carry the correct number of life jackets in your boat?

Yes  No

## PARTICULARS OF MACHINERY

| Engine(s) manufacturer: | Model & Type (Inboard/Outboard): | Serial No(s): | HP of each engine: | Single or Twin Propeller: | Year built: | Fuel (Diesel/Petrol): |
|-------------------------|----------------------------------|---------------|--------------------|---------------------------|-------------|-----------------------|
| Main Engines: (a)       |                                  |               |                    |                           |             |                       |
| (b)                     |                                  |               |                    |                           |             |                       |
| Auxiliary Engines: (a)  |                                  |               |                    |                           |             |                       |
| (b)                     |                                  |               |                    |                           |             |                       |

On a full tank, what is your calculated nautical range?

Do you have your engine(s) serviced on a regular basis?

If yes, by whom?

## USE OF BOAT (It is to be noted that cover is only provided for boats used solely for private and pleasure purposes)

Is the boat used in connection with any commercial activity?

If yes, kindly state details:

Yes  No

Is any crew hired or employed?

If yes, kindly state details:

Yes  No

Was the boat proposed professionally built for its current usage?

If no, give details of its original use, date of conversion and by whom converted:

Yes  No

Will the boat be used for racing, time trials, speed testing, pacemaking or any similar risks?

Yes  No

## ACCIDENT AND INSURANCE HISTORY

To the best of your knowledge and belief, have you or any person you will permit to master the boat:

If the answer to any of these questions is Yes, please provide full details.

- a suffered any accident or loss in the last 5 years with any boat used or owned? Yes  No  \_\_\_\_\_
- b had any insurance on any boat cancelled or refused, or had a renewal declined or had any special terms imposed? Yes  No  \_\_\_\_\_
- c ever been convicted or are/is currently being prosecuted for any criminal offence? Yes  No  \_\_\_\_\_

With which insurance company have you been or are you now insured?

Do you hold any other insurance policy with Citadel?

Yes  No

If Yes, please state details:

## THE BOAT TO BE INSURED

Type of cover required:

Third Party Liability

Own Damage and Third Party Liability

|  | Value to be insured<br>(i.e. Current Market Value) | Purchase Price | Year Purchased |
|--|--|----------------|----------------|
| Hull (including Inboard Machinery):  | €  | €              |                |
| Outboard Machinery:  | €  | €              |                |
| Auxiliary Machinery (Full details required):                                   | €  | €              |                |
| Tender - Full details required including make, model, length and year of make: | €  | €              |                |
| Trailer:   | €  | €              |                |
| Equipment and Accessories:   | €  | €              |                |
| Others:  | €  | €              |                |
| Personal Effects (if this exceeds the standard policy limit of €585):          | €  | €              |                |
| <b>Total:</b>  | €  | €              |                |

Indicate optional covers required:

|   |  |
|---|--|
| Protected No Claims Bonus:  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yacht Racing extension:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Water Skiers and/or Aquaplaning:  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mediterranean Waters extension:   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Increase in Underwater Gear cover if this exceeds standard limit of €6,000: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Period of Insurance:

From: DD / MM / YY To: DD / MM / YY

## DATA PROTECTION NOTICE

The controller of your data is Citadel Insurance p.l.c. and its subsidiaries ("the Company"). Should you have any queries, you may contact us by:

Telephone: (+356) 2557 9000 E-mail: dpadmin@citadelplc.com

Post: Casa Borgo, 26, Market Street, Floriana FRN 1082

If you wish to address the Company's Data Protection Officer directly, you may do so by:

Telephone: (+356) 2759 5000 E-mail: dpo@citadelplc.com

Post: DPO, 170 Pater House, Psaila Street, B'Kara BKR 9077

### PURPOSES AND LEGAL BASES FOR PROCESSING

The personal data provided about you on this proposal form or subsequently, whether in writing or orally, is necessary to perform the contract of insurance and/or to take steps at your request prior to entering into the contract. The Company may process such data to assess risk, underwrite and issue present and future contracts of insurance, collect premiums, assess and respond to your queries, and transfer data to and receive data from other insurance and reinsurance companies to underwrite your contract of insurance. The Company may process your data to carry out due diligence, where necessary, and to prevent, detect, suppress and/or report insurance fraud or any other criminal activity, as required by law. The Company may also process your data to establish, exercise and/or defend itself in legal action, to carry out research and compile statistics, perform actuarial science, and to protect its data systems, thus protecting its legitimate interests.

### RECIPIENTS OF THE DATA

Your personal data will be received by the Company, or an intermediary on the Company's behalf, and it may be disclosed or shared, **only as is strictly necessary in accordance with the purposes outlined above**, with the Company's employees, subsidiaries, associates, intermediaries, joint controllers, the Company's external actuaries, consultants, legal advisors, auditors, risk assessors, loss adjusters and surveyors, repairers, healthcare and other medical institutions and professionals, banks, credit referencing agencies, risk intelligence agencies, vehicle history and valuation databases, the Malta Insurance Association and other insurance and reinsurance companies, other professionals, and public, legal and/or judicial authorities. The Company may also disclose your data to third parties if it is called upon to do so by a competent authority, or by a Court or tribunal, only to the extent required and allowed by law. The transfers of personal data to third parties located outside the EEA and countries of equivalent level of data protection on a regular basis will only be carried out under appropriate safeguards or in emergency cases using a derogation as specified in the GDPR.

### DATA RECEIVED FROM OTHER SOURCES

The Company may receive personal data about you, such as identifying information, information regarding your insurance history, financial details, and medical information, from third party sources, such as the recipients listed above or from others, such as the ETARS traffic accident database and public government websites. The data is collected for the purposes outlined above. The Company may also record telephone conversations for training, security and quality control purposes. CCTV cameras are in use throughout the Company's premises.

### RETENTION PERIOD:

The Company makes every effort to store personal data only for as long as it is necessary for the purposes outlined above. If the Company does not provide you a quote on your proposal, or provides you a quote which you do not accept, the Company will store the data provided by you for five (5) years. If a policy is issued, further information on retention periods will be provided in your policy document.

### YOU HAVE THE RIGHT TO:

- Acquire access to your data, including confirmation from the controller as to whether data about you is being processed and to receive further information about that processing;
- Amend inaccurate personal data;
- Request the erasure of data processed about you, on the basis of certain grounds, such as where the data is no longer necessary for the purposes for which it was collected, and is no longer necessary for regulatory compliance or where consent for processing that requires consent has been withdrawn, among other grounds;
- Request the data controller to restrict its processing activities on your data, on the basis of certain grounds, such as where the accuracy of the data is contested;
- Receive the personal data provided by you in a structured, commonly used and machine-readable format or to request that such data be transferred in such format to another data controller;
- Withdraw your consent to processing that is based on your consent, such as direct marketing;
- Lodge a complaint with the competent supervisory authority in Malta (IDPC), which can be made on their website <https://idpc.org.mt>;
- Object to processing that is carried out for the legitimate interests of the controller, by reference to your specific situation. You may, at all times, object to direct marketing.

Should you wish to exercise any of your rights, you may do so by contacting us, our DPO, or by visiting our website.

### IMPORTANT INFORMATION

The information that you provide is necessary for the performance of your contract of insurance, or to take steps at your request prior to entering into a contract. Failure to provide the Company with information as necessary throughout the lifetime of your policy might render the Company unable to fulfil its obligations under your contract.

The Company engages in insurance industry standard profiling, wherein the assessment of risk is partially made by automated means. However, all final decisions which produce any legal effects on data subjects, including without limitation, the decision on whether to underwrite a risk and issue a contract of insurance, are taken with human intervention.

If you are acquiring a quote or an insurance policy through an insurance broker, such broker may be considered a joint controller.

**If a policy is issued, a more detailed Data Protection Notice will be provided in your policy document. It is also available on our website.**

### DECLARATION

I/We declare that the information given in the Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, I/We agree that if my/our answers are not in my/our handwriting and/or have been written by any other person on my/our behalf, then such person shall for that purpose be regarded as my/our agent. I/We further declare that no material fact has been withheld and I/We understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the policy may not be paid. I/We understand that if I/we fail to disclose a material fact, I/we may also encounter difficulty in trying to purchase insurance elsewhere. **A material fact is one which is likely to influence Citadel Insurance p.l.c. in the best assessment and acceptance of this proposal.** The Proposal Form and Declaration will be considered the basis of the contract and will form part of the Policy. I/We understand that the cover under the policy will not be operative until Proposal Form has been accepted by Citadel Insurance p.l.c. the relative premium has been paid and received by Citadel Insurance p.l.c. By signing this form, you confirm that you have brought this Data Protection Notice to the attention of all other persons specified in this form.

### IMPORTANT NOTES

- 1 You are advised to keep a copy of this Proposal Form for your records.
- 2 Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.
- 3 We will provide you with a copy of the completed Proposal Form when ever you require. Furthermore, we will undertake not to raise an issue under your Proposal Form unless we first provide you with a copy of the Proposal Form which you had submitted to us.
- 4 The Company is bound by the Professional Secrecy Act, 1994 with respect to information furnished by you to Citadel Insurance p.l.c. in connection with this insurance proposal. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/We have read and understand the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/our rights.

### KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes  No

Please specify the format in which you prefer your copy of the Policy Document

Electronic  Hard Copy

I/We hereby acknowledge receipt of the Insurance Product Information Document which the insurer / intermediary furnished me with before completing this Proposal Form.

**Name and Surname of Proposer(s) (BLOCK LETTERS)** \_\_\_\_\_

If there is more than one proposer, then all persons must sign.

**Signature of Proposer(s)**

Date:

ID Card: \_\_\_\_\_

**Name and Surname of Intermediary**

 Floriana | 2557 9000 - Freephone | 800 72322 [info@citadelplc.com](mailto:info@citadelplc.com) [citadelplc.com](http://citadelplc.com)

Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

**Branches:** • Birkirkara • Haż-Żebbuġ • In-Naxxar • Il-Mosta • Iż-Żejtun • Paola • Ta' Xbiex • Il-Mellieħa • Victoria, Gozo  
**Tied Insurance Intermediaries:** • Malta • Gozo

Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.